

## Foster Family Home - Corrective Action Report

Provider ID: 1-594475

Home Name: Ruby Domingo, CNA

Review ID: 1-594475-6

94-429 Alapine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/26/2020

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

### Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 12/21/19 was renewed on 1/15/2020; Ecrim lapsed on 7/8/19 was renewed on 7/18/19.

### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- An extra bedroom seen next to the living room and a kitchen built inside the garage with a sink, stove, a living set up also; CG#1 unable to produce a permit from Dept. of Planning & Permitting.

### Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement for Client #2 and Client #3 upon admission to CCFFH.

## Foster Family Home - Corrective Action Report

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Back door emergency exit's pathway was obstructed with multiple household items such as commodes, several ice coolers containers, chairs, a printer, walker, an opened tall step ladder, etc. preventing a safe exit in an event of an emergency/evacuation.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1)- Client #3's Face/Information Sheet does not indicate client's emergency contact/s.

54.(c)(5)- One medication of Client #2 was missing the frequency in the Medication Administration Record(MAR).

*Shawkel Nakawine, M.D.*

Compliance Manager

Primary Care Giver

*10/26/2020*

Date

*10/26/2020*

Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Ruby S. Domingo

(PLEASE PRINT)

CCFFH Address: 94-429 Alapine Street, Waipahu 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8. (a) (1)	APS/CAN lapsed on 12/21/19 was renewed on 1/15/2020; Ecrim lapsed on 7/8/19 was renewed on 7/18/19	1/15/20 7/18/19	Home will use a wall calendar to put due on. Background checks will be done atleast 4 weeks before due date to prevent future lapses.
41. (b) (6)	An extra bedroom seen next to the living room and a kitchen built inside the garage with a sink, stove, a living room set up also; CG#1 unable to produce a permit from Dept. of Planning & Permitting.	11/06/20	Submitted the new plan and permit of change of study room to bedroom to DPP. Place the copies of the said plan and building permit PCG's binder for reference.
45.(1), (2),(3)	No completed Admission Policy and Agreement for Client #2 and Client #3 upon admission to CCFFH.	10/26/20	PCG will make sure to provide copies to complete Admission Policy and agreement for any new clients to CCFFH admin book.
49.(a) (4)	Back door emergency exit's pathway was obstructed with multiple household items such as commodes, several ice coolers containers, chairs, a printer, walker, an opened tall step ladder, etc. preventing a safe exit in an event of an emergency/evacuation.	10/26/20	PCG will make sure that there is no clutters anywhere to prevent a safe exit in an event of emergency/evacuation.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 11/06/2020

☒ CTA has reviewed all corrected items

**CTA RN Compliance Manager:** Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Ruby S. Domingo

**(PLEASE PRINT)**

CCFFH Address: 94-429 Alapine Street, Waipahu 96797

**(PLEASE PRINT)**

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54. (c) (1)	Client #3's Face/Information Sheets does not indicate client's emergency contact/s.	10/26/20	PCG will make sure the face/information sheet be filled up upon admission.
54.(c) (5)	One medication of Client #2 was missing the frequency in the Medication Administration Record (MAR)	10/26/20	PCG will make sure medication Administration record has the complete frequency in the MAR.

☒ All items that were fixed are attached to this CAP

PCG's Signature: H. G. W.

Date: 11/02/2020

☒ CTA has reviewed all corrected items